آ شا	Under the Paperwork Reduction Act of 1995. no control of 1995. no c	Art Unit Examiner Name Examiner Name Examiner Name Examiner Name	Approved for use through 07/31/2006. OMB 0651-0031 atent and Trademark Office; U.S. DEPARTMENT OF COMMERCE action of information unless it displays a valid OMB control number. 10/666,324 September 17, 2003 Nicola Telecco 2838 G.L. Laxton ATM-228					
	ENCLOSURES (Check all that apply)							
٠	Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences					
1	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD						
		RE OF APPLICANT, ATTOR	RNEY, OR AGENT					
	Law Offices of Schneck	k & Schneck						
	Signature // Normas	Aclement						
	Printed name Thomas Schneck							

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Sally Azevedo Date 01/07/2005

Reg. No.

24,518

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PTO/SB/17 (12-04)

Fees Paid (\$)

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Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/666,324 TRANSMITTAL Filing Date September 17, 2003 For FY 2005 Nicola Telecco First Named Inventor **Examiner Name** G.L. Laxton Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2838 TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. ATM-228 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Schneck & Schneck Deposit Account Deposit Account Number: 19-0590 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 O O 0 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee (\$) Fee Paid (\$) -4 or HP = 0HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) - 100 = _ (round up to a whole number) x

- 4

4. OTHER FEE(S)

Other:

SUBMITTED BY	11			
Signature	(Momas	Delineil	Registration No. (Attomey/Agent) 24,518	Telephone (408) 297-9733
Name (Print/Type)	Thomas Schneck			Date 01/07/2005

Non-English Specification, \$130 fee (no small entity discount)

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